CHIROPRACTIC & OSTEOPATHY AT THE CROSSROADS

OPENING ADDRESS TO COMSIG CHIROPRACTIC CONFERENCE.

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Thank you for the invitation to open this conference of the Chiropractors and Osteopaths musculoskeletal Interest Group. The brief given to me in doing this was, as an informed observer of the development of chiropractic and osteopathy in Australia, to comment on the past and future direction in which these professions are heading.

I have entitled my address '**CHIROPRACTIC AND OSTEOPATHY AT THE CROSSROADS**' for reasons that will, I hope, become clear. But first let me briefly outline my own credentials for undertaking this task and the basis presumably on which the organisers consider me to be an informed observer of the chiropractic and osteopathy scene in this country. I am by profession an academic; a sociologist employed currently by Latrobe University and convenor of a group of researchers known as the Health Sociology Research Group within the School of Social Sciences at the university. Now all academics have areas of study in which they are experts; both broader fields of knowledge, and beyond that increasingly specialised research interests until ultimately they come to their super specialties; those usually tiny but complex areas of knowledge about which they claim to know as much as anyone. [If you're short of a dinner party conversation topic with an academic ask them what their super speciality is, and then see if you can shut them up!]

My broad field of interest is the social aspects of health and illness, my more specialised focus within that is the division of labour within health care, and my academic super speciality and the one about which I have been known to modestly claim to know as much as anyone, is demarcation disputes between health professions. Now, those who claim that such disputes only happen in the field of blue collar trade unionism know little about the politics of professional work. It was the American sociologist Elliot Freidson who said that professional associations differ from trade unions only in their degree of sanctimoniousness about what they're doing.

This research interest became the topic of my doctoral thesis, subsequently published in 1983 as the book with the title **Medical Dominance** and now in its second edition. In that study, I traced the development of several of the most important disputes over occupational territory that have shaped what we can call the social structure of health care delivery. This lead me to focus on the development of chiropractic and to the lesser extent osteopathy in this country; tracing the emergence of the profession from its earliest practitioners to the progressive achievement of statutory registration in the 1970's and 1980's.

In the decade since that study, I have maintained an interest in the subsequent development of chiropractic and osteopathy and have written a number of pieces charting this development. I also was seconded from my academic job in 1985-6 for nearly twelve months on a part time basis to act as consultant adviser to the Medicare Benefits Review Committee (pt. 2), otherwise know as the Layton inquiry. Of this review, more later.

As I have argued in a number of places, the survival and flourishing of chiropractic and osteopathy in this country is a quite remarkable story, one made so by occurring in the face of continual opposition from the medical profession, the most powerful professional group in the health system. Nonetheless the historical process of growing acceptance and legitimacy continues.

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On one hand, it is clear from surveys such as the Australian Health Survey conducted by the Australian Bureau of Statistics, that public support for and acceptance of chiropractors and osteopaths continues at high levels, as measured by the ultimate test of effectiveness, whether patients continue to consult these practitioners.

On the other hand, it is also clear that the process of growing acceptance of these modalities at the level of the state continues incrementally. Two items might be cited in evidence. Firstly, the passing in May 1991 of amendment bill No 2 to the 1973 Health Insurance Act. I'm sure that I'm not telling you anything when I say that this legislation is highly significant for two reasons. For the first time it legislatively recognises the right of chiropractors to define medical necessity in deciding whether or not to refer patients for X-ray, the legitimacy of taking such a decision recognised for purposes of Medicare rebate when claimed by the attending radiologist. This follows recognition of chiropractic treatment for reimbursement by other state agencies such as Transport Accident and Workers Compensation Authorities. The Act however locates chiropractic in the national Medicare system, albeit indirectly, for the first time. Chiropractic is also the first non-medical or dental modality to be so recognised as, in effect having the ability to determine medical necessity.

The other item of evidence is the 1988 decision of the Queensland Medical Board to define as ethical behaviour for medical practitioners, referral of patients to chiropractors for purposes of spinal manipulation. Put around the other way, the decision removed the long standing injunction on medical practitioners through their codes of ethical professional behaviour, to referring patients to chiropractors where in their opinion, the patients would be likely to benefit from spinal manipulation.

At the official level at least, if not at the level of individual practitioners, the official opposition of the medical profession to chiropractic continues. The latest phase in this long historical process has occurred just in the last few weeks with the submission to the October 1992 meeting of AHMAC, the health ministers conference, by the AMA of a paper entitled 'Chiropractic in Australia'. The paper represents the influence of the conservative faction which currently occupies the leadership of that organisation and is an attempt to turn back the clock in many respects - not the least of which is reliance in some cases on references that are more than 20 years old.

In my view this attempt is as doomed to failure as have been other attempts to restrict and ultimately limit chiropractic and osteopathy in this country. It is nonetheless interesting for a number of reasons.

At first glance, the argument is a familiar one; chiropractors have no justification for attempting treatment for organic or visceral conditions which do not have a recognised musculoskeletal basis and therefore have no basis for being considered a complete alternative to orthodox medicine. For musculo skeletal complaints, other modalities such as physical medicine and physiotherapy are better at treating these conditions anyway. On closer reading however, the document is a significant one in that it is the first public admission that I am aware of by the AMA that chiropractic is successful at beneficially altering what have become generally known as 'Type M' conditions; even if it is done in a sort of back handed way by arguing that other more orthodox forms of spinal manipulation are even better. My interpretation is that the report, again in a backhanded reluctant way, while continuing the historical blanket opposition registration in general, accepts the reality that chiropractors are now a legitimate part of the health care system of the country in the recommendation that chiropractors registration be limited to treating only disorders of the musculoskeletal system. 'If you must continue to register them, at least restrict them to type M conditions' is effectively what is being said. It strikes me as a bit like having two bob each way!

Secondly, the report is significant because it gives recognition that the medico-legal effects of the landmark American *Wilk et al., v the American Medical Association* decision, are being felt in this country. No doubt based on the best legal advice available to the AMA, that any collective action against chiropractors could be similarly defined as a conspiracy, it is clear that the American court decision is and will continue to have a restraining influence on the extent and expression of medical opposition to chiropractic.

Thirdly, the report, in maintaining the opposition of organised medicine to chiropractic, continues the historical process whereby medical opposition has considerable benefits for chiropractic and osteopathy. There has been an upside to continued medical opposition in two ways. The first is that chiropractic and osteopathy, in my opinion, have enjoyed a degree of public sympathy precisely because of medical opposition that may not otherwise have been available. Secondly and equally importantly, the necessity for maintaining a united front has acted as a powerful

restraint on internal sources of factionalism within chiropractic. Such factionalism is of course, not unique to these modalities but is a feature of all emerging occupational groups.
In the case of chiropractic, it has been significantly added to by the differences in training locations for Australian chiropractors. If sociologists have stumbled upon one consistent finding that approximates a law of the sort found in the natural and physical sciences, it would have to be that 'internal solidarity varies with the degree of external treatment'. 'We were never so unified as a nation as during the two world wars' is a common expression of this. Applied to chiropractic and osteopathy, historically speaking, my considered view is that if it had not been for staunch medical opposition, the chances of chiropractic and osteopathy getting to the finish line in the registration stakes would have been much less.

At the same time though, it is clear that the downside of ongoing medical opposition means that the task of integrating Chiropractic and Osteopathy into the mainstream health care, the rationale of this organisation, will continue to be a complex and difficult one. I'd like to offer here a few thoughts on how this process might be pursued.

My first point is that the need for research is urgent. The AMA does have a point it seems to me, when it argues that the solid evidence for the effectiveness of chiropractic treatment of other than musculo skeletal conditions is lacking. This scope of practice issues remains a central one for chiropractic and osteopathy to resolve in the next few years. To my mind this is the sense in which chiropractic and osteopathy are at the crossroads in the historical process of development. Incorporation of chiropractic training within the state funded higher education system, first in the college of advanced education sector and most recently in the reformed university sector carries with it an expectation that serious research on the efficiency of chiropractic will be entered into. Concentration on getting the education of chiropractors into shape is an understandable focus but it should not be at the expense of the development of an active research program. The culture of the university sector is very much a research one in which teaching alone is not a sufficient rationale and developing a strong and successful program of research will be crucial to securing ongoing institutional resources within the university. Having received the legitimation of registration and state funded education, it is now incumbent on the professions to undertake a program of research perhaps starting with the efficiency of treatment for so-called 'Type O' conditions. Unless this is undertaken seriously, it will become something of an Achilles heel that will be increasingly be used against chiropractic by its opponents as the AMA report signals and indeed the Medicare Review found. Lest you think I'm trying to teach my grandmother how to suck eggs let me say there is of course awareness of this issue within the profession especially amongst the educators. A recent article in the *Chiropractic Journal of Australia* in 1991 by Professor Jenny Jamison considered the question of treatment of visceral conditions put the conundrum nicely with the question; 'is the cost to chiropractic acceptance justified by the benefit to health care?' My answer to this question would have to be 'not unless it can be demonstrated to be so'.

The need for research is of course a parenthood statement in this day and age. The politics of research in this field are complex. While the ideology of scientific research is presented as a neutral, objective process, sociologists of science have shown, I think quite clearly how social relations cannot be divorced from the research process. This applies as much to randomised control trials as any other methodology. For those of you who don't know the work, a good starting point is the book by Sydney philosopher Alan Chalmers entitled 'What is this thing called Science?'.

Secondly research is expensive, most often beyond the resources of individual modalities so that there is a reliance upon state funding. Virtually all of the inquiries that have been held to chiropractic and osteopathy have recommended that research monies be made available. Yet very little if any has been forthcoming. Medical control of granting bodies has prevented allocation of grant monies and the recent further strengthening of such medical control through the enlarged role of the NH&MRC, together with reductions in the amount of money available for research generally in a recession, means that realistically this situation is unlikely to change in the foreseeable future.

So... finally, which way at the crossroads? If research is the name of the game, then chiropractic has to be in it and urgently so. Patient testimonials have long since ceased to be effective in persuading. If funds are not available publicly, then you will have to raise it yourselves from the only source available - practitioners. If the evidence about chiropractic incomes presented by the eminent Australian health economist, Professor Jeff Richardson, to a conference on Chiropractic I attended in Armidale a few years ago, still holds in spite of the recession, then such a contribution should be sustainable. How does a compulsory levy of $1000 per practitioner per year for five years sound in the first instance? Sending

relevant academic staff to complete doctoral programs in science would be a start, as would funding student scholarships to do research.

Furthermore multi - disciplinary research, the theme of this conference is important. To my way of thinking, such research means each discipline or modality contributing its own six penneth worth rather than some notion of merging into an amalgam. The different multi disciplinary strands in the research should remain distinct contributions rather than be attempted to be merged.

Being seen to be becoming more serious about researching the fundamentals of chiropractic should in time lead to assistance from the state in funding by increasing the likelihood of external grant applications being approved. Getting serious about research won't solve all the difficulties faced by chiropractic and osteopathy and the problems faced here, from my relatively limited knowledge of chiropractic internationally, are no different from those faced elsewhere.

The challenge of which way to proceed from the crossroads is considerable. My view, since you have asked me to give it, is that chiropractic cannot continue down the same path as previously and expect it to serve them as well as has been the case in the past. An increasingly informed consumer oriented public and governments wishing to scrutinise every cent of public expenditure is the name of the game. Seeking to build bridges with other practitioners interested in musculo skeletal medicine is an important objective, I wish the conference every success in the deliberations over the next couple of days and hereby declare the conference **OPEN.**